



# North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 \* (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 \* (860) 872-1501 Fax (860) 872 1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 \* (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 \* (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.  
Director of Health

## APPLICATION FOR FOOD SERVICE LICENSE

Name of Establishment \_\_\_\_\_ FDA Class \_\_\_\_\_

Establishment Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ No. of Employees \_\_\_\_\_

**e-mail address (required)** \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Business Days/Hours \_\_\_\_\_

Name of Owner \_\_\_\_\_ Home/Emergency No. \_\_\_\_\_

Address of Owner \_\_\_\_\_

Name of Person In Charge \_\_\_\_\_ Home/Emergency No. \_\_\_\_\_

Home Address of Person In Charge \_\_\_\_\_

Permitted Seating Capacity \_\_\_\_\_ State Licenses: Bakery Café Liquor Other

Liquor Permittee \_\_\_\_\_

Water Supply Type: (Check all that apply) Public Water Private Well\* SHD Jurisdiction  
**\*Please enclose a copy of your current water report.**

Sewage Disposal System Type: (Check all that apply) Public Sewer Septic System\* Grease Trap\*  
**\*Please enclose a copy of your current pumper's reports.**

FDA CLASS:	FEE:
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By signing, I attest the information provided is accurate; I affirm that I will comply with all aspects of the State of Connecticut FDA Food Code and the NCDHD Sanitary Food Code. In addition, I shall allow the North Central District Health Department access to the establishment and to any applicable records specified under the FDA Food Code.

\*Please Note: **There will be no refunds of Food Service License fees.**

<i>For Health Department Use Only</i>	
Amount Paid: _____	
Restaurant ID No. _____	

\_\_\_\_\_  
**Applicant's Signature (Required)**

Date: \_\_\_\_\_

Category	Fee
Restaurants:	
Class 1	\$150
Class 2:	
50 seats or less	\$200
51+ seats	\$300
Class 3:	
50 seats or less	\$300
51+ seats	\$400
Class 4:	
50 seats or less	\$300
51+ seats	\$400
Caterer	\$200
<b>Mobile Vendor:</b>	
<b>FDA Class 1</b>	<b>\$150</b>
<b>FDA Class 2</b>	<b>\$200</b>
<b>FDA Class 3</b>	<b>\$300</b>
<b>FDA Class 4</b>	<b>\$400</b>
Seasonal (six months or less) - Must have a Base of Operation	\$100
Retail Market: Under 5,000 square feet	\$200
5,000 square feet or more	\$400
Convalescent Home (Class 4)	\$400
Day Care Centers & Preschool Programs with Food Service License (Class 4)	\$400
Movie Theater	\$300
Private School	\$300
Other Food Service (not specified)	\$100
Operating without a License (in violation of District Regulations)	\$400
LATE FEE: Operating with an expired license ( <u>Aligned with license fee</u> )	\$150-\$400
Any failed inspection will result in a reinspection fee (Effective January 1, 2018)	\$150 each
For <b>NEW</b> Food Service Establishments that initiate their license after May 1st of the current licensing year (within 6 months of the license renewal date), that food service establishment will be charged one-half (50%) of the annual fee.	50% of \$150-\$400
Section 4 Compliance Inspection for New Owners	\$300
Food Establishment Plan Review	\$400
Retail Market/Deli Plan Review	\$300
Factory, Private Educational Institution or Corp. Facility Food Plan Review	\$400
Grease Interceptor Plan Review	\$200
Other Food Service Plan Review (not specified)	\$200
New Food Service Construction – Final Construction Inspection	\$100

# **CFPM Questionnaire**

**Does Your Establishment Need A CFPM  
(Certified Food Protection Manager)**

Establishment: \_\_\_\_\_ Town: \_\_\_\_\_

My Establishment FDA Class is: \_\_\_\_\_ Name of CFPM: \_\_\_\_\_

## **CLASS 1 ESTABLISHMENTS**

“Class 1 food establishment” means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and only offers (A) commercially packaged food in its original commercial package that is time or temperature controlled for safety, or (B) commercially prepackaged, precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial package not later than four (4) hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety.

## **CLASS 2 ESTABLISHMENTS**

“Class 2 food establishment” means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared or cooked and served immediately, or that prepares or cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling.

## **CLASS 3 ESTABLISHMENTS**

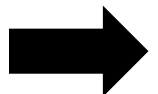
“Class 3 food establishment” means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) offers food that is time or temperature controlled for safety and requires complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding.

## **CLASS 4 ESTABLISHMENTS**

“Class 4 food establishment” means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food.

Taken directly from the CT General Statutes 19a-36g

See Reverse



**This form MUST be completed by all FDA Class 2, 3, and 4 applicants – regardless of previous information supplied.** Your application for a food service license **will not be processed** if returned blank or incomplete.

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
(Street) (City/Town) (Zip Code)  
\_\_\_\_\_  
(eMail) (Phone#)

**REQUIRED: CFPM: Certified Food Protection Manager Information**

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) Phone #: \_\_\_\_\_  
\_\_\_\_\_  
(City/Town) (Zip Code)

Name of Course Taken: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

*A copy of your certificate must be submitted along with your license application.*

**REQUIRED: CFPM: Certified Food Protection Manager Information**

A CFPM is required to be onsite at all times when the establishment is open for business. Please provide one additional CFPM that will be working in the establishment in a supervisory manner.

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) Phone #: \_\_\_\_\_  
\_\_\_\_\_  
(City/Town) (Zip Code)

Name of Course Taken: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

\*A copy of each CFPM certificate from an accredited program must be maintained on file at the food service establishment, **at all times**, and made available to inspectors upon request.

\* The Person in Charge shall maintain documentation (i.e., Form 1-B in the FDA Food Code) or otherwise satisfactorily demonstrates during the inspection, that all food employees and conditional employees are informed of their responsibility to report the management information about their health and activities as it relates to diseases that are transmissible through food, as specified under ¶ 2-201.11(A).

**NOTE: The home address for the CFPMs cannot be the address of the establishment**



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## GREASE TRAP QUESTIONNAIRE

Name of Food Service Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

- This food service facility does not have a grease trap or grease interceptor.

This food service facility has an interior passive style grease trap.

Location: \_\_\_\_\_

Size: \_\_\_\_\_

Frequency of cleaning: \_\_\_\_\_

Contracted disposal with: \_\_\_\_\_

- This food service facility has a large grease interceptor (exterior).

Location: \_\_\_\_\_

Size: \_\_\_\_\_

Frequency of cleaning: \_\_\_\_\_

Contracted disposal with: \_\_\_\_\_

**\*\*\* Attach a copy of your most recent grease trap pumper's report with this form.**

- This food service facility has a mechanically cleaning BACT grease interceptor (i.e., Big Dipper, Highland Tank, etc.).

Please sign and fill in below:

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 11/23/22

\* SERVING: EAST WINDSOR \* ELLINGTON \* ENFIELD \* STAFFORD \* SUFFIELD \* VERNON \* WINDHAM \* WINDSOR LOCKS